Debto	r 1 Angela Cove			
Debto	First Name Middle Name Last Name			
	e if, filing) First Name Middle Name Last Name			
United	d States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK			
Case	number 1-17-43007			
(if know	n)		_	if this is an
			ameno	ded filing
	–			
	cial Form 106Sum			
	mary of Your Assets and Liabilities and Certain Statistical Information of Your Assets and Liabilities and Certain Statistical Information of Your Assets and Liabilities and Certain Statistical Information of Your Assets and Liabilities and Certain Statistical Information of Your Assets and Liabilities and Certain Statistical Information of Your Assets and Liabilities and Certain Statistical Information of Your Assets and Liabilities and Certain Statistical Information of Your Assets and Liabilities and Certain Statistical Information of Your Assets and Liabilities and Certain Statistical Information of Your Assets and Liabilities and Certain Statistical Information of Your Assets and Liabilities and Certain Statistical Information of Your Assets and Liabilities and Certain Statistical Information of Your Assets and Certain Statistics of Your Assets and Certain Statistics of Your Assets and Your Assets a			2/15
inform	nation. Fill out all of your schedules first; then complete the information on this form. If you are filing riginal forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.			
			Your as	ssets f what you own
1. \$	Schedule A/B: Property (Official Form 106A/B) la. Copy line 55, Total real estate, from Schedule A/B		\$	0.00
1	b. Copy line 62, Total personal property, from Schedule A/B		\$	12,199.82
1	c. Copy line 63, Total of all property on Schedule A/B		\$	12,199.82
Part 2	Summarize Your Liabilities			
				abilities : you owe
	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule.	dule D	\$	331,906.88
	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) Ba. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F		\$	0.00
3	Bb. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F		\$	28,826.80
	Your total li	iabilities	3	360,733.68
Part 3	Summarize Your Income and Expenses			
	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I		\$	5,681.31
5. 3	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J		\$	4,298.87
Part 4	Answer These Questions for Administrative and Statistical Records			
_	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the cou	rt with your	other sch	edules.
L	T Voc			
ı	■ Yes What kind of debt do you have?			
ı		marily for a	personal,	family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

the court with your other schedules.

Debtor 1 Angela Cove

Case number (if known) 1-17-43007

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

6,233.66

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	9,917.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	9,917.00

Debt		nation to lacining		nis filina:					
DODE	or 1	Angela Cov	your case and th	ns ming.					
	01 1	First Name		e Name	Last Name				
Debte	or 2 se, if filing)	First Name	Middle	e Name	Last Name				
		nkruptcy Court for		DISTRICT OF N					
Office	d States Dai	inkruptcy Court for	tile. LASTEIN	DISTRICT OF N	LW TORK				
Case	e number _1	I-17-43007							if this is an ded filing
∩ffï	icial Fo	rm 106A/E	Ω						
_		e A/B: P	_						12/15
nform	nation. If more er every quest	e space is needed, tion.	attach a separate sh	heet to this form. C	eople are filing together, bot On the top of any additional p ou Own or Have an Interest In	pages, write your r			
1.1	Yes. Where is	s the property?		What is the pro	perty? Check all that apply				
	118-82 Me ⁻ Unit #1-F	tropolitan Ave	nue		mily home		uct secured cla		
_		if available, or other des	scription		or multi-unit building inium or cooperative		Vho Have Clain		
				☐ Manufac	tured or mobile home	Current va	lue of the	Current val	ue of the
-	Kew Gard		11415-0000 ZIP Code	☐ Land ☐ Investme		entire prop	erty? Jnknown	portion you	u own? Unknown
	City	State	ZIF Code	☐ Timesha	ent property re				
				☐ Other		(such as fo	he nature of yee simple, ten		
				Who has an int Debtor 1	erest in the property? Check	one a life estat	e), if known.		
	Queens			Debtor 2	•				
-	County			Debtor 1	and Debtor 2 only	☐ Check	c if this is com	munity prope	erty
					one of the debtors and another	(see ins	structions)		•
					ion you wish to add about th fication number:	is item, such as io	cai		
					ries from Part 1, including				\$0.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Deb	otor 1 🔼	ngela Cove			Case number (if known)	1-17-43007
3. C	ars, vans,	, trucks, tracto	ors, sport utility vel	hicles, motorcycles		
	l No	•	, ,	, ,		
	Yes					
3.1	Make:	Nissan		Who has an interest in the property? Charles	Do not deduct sec	ured claims or exemptions. Put
3.1	Model:	Versa		Who has an interest in the property? Check one		secured claims on Schedule D: ve Claims Secured by Property.
	Year:	2007		■ Debtor 1 only □ Debtor 2 only		
		nate mileage:	110,000	Debtor 1 and Debtor 2 only	Current value of t entire property?	he Current value of the portion you own?
	Other in	formation:		☐ At least one of the debtors and another		
		on: 118-82 N	•		\$4,882	.00 \$4,882.00
		e ,Unit #1-F, ns NY 11415		LI Check if this is community property (see instructions)	ψ 4 ,002	.00 \$4,002.00
	Garde	113 141 11413		· ,		
E				d other recreational vehicles, other vehicles, tercraft, fishing vessels, snowmobiles, motorcycl		
				n for all of your entries from Part 2, including that number here		\$4,882.00
Part	3: Descri	be Your Person	al and Household Ite	ems		
Do	you own o	or have any le	gal or equitable int	erest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
		,	es, furniture, linens,	china, kitchenware 1 Dinning Room, 3 Bedroom Sets 2 Metropolitan Avenue ,Unit #1-F, Kew G	ardens NY	
			11415	inchopontali Avenue ,omt #11, New C	Jaruens 141	\$1,500.00
	Examples: No Yes. De	Televisions an including cell p	ohones, cameras, m	eo, stereo, and digital equipment; computers, prir edia players, games Gelevisions, 1 Ipod 2 Metropolitan Avenue ,Unit #1-F, Kew G		ollections; electronic devices
		l	11417			Ψ1,000.00
	■ No	Antiques and f other collection	igurines; paintings, _l ns, memorabilia, col	prints, or other artwork; books, pictures, or other lectibles	art objects; stamp, coin,	or baseball card collections;
	☐ Yes. De	escribe				
<i>I</i>		musical instrui	raphic, exercise, an	d other hobby equipment; bicycles, pool tables, o	golf clubs, skis; canoes a	and kayaks; carpentry tools;
_						

De	ebtor 1	Angela Cove		Case number (if known)	1-17-43007
10.	Firearn Examp ■ No		, shotguns, ammunition, and related equipment		
	☐ Yes.	Describe			
11.	Clothes Examp		othes, furs, leather coats, designer wear, shoes, accessories		
	Yes.	Describe			
			Clothes		\$900.00
12.	□ No		welry, costume jewelry, engagement rings, wedding rings, heirloom jed	welry, watches, gems, g	old, silver
			2 Chains, 3 rings, 3 Watches Location: 118-82 Metropolitan Avenue ,Unit #1-F, Kew Ga 11415	ardens NY	\$760.00
13.	Examp ■ No	orm animals oles: Dogs, cats, b	pirds, horses		
14.	■ No	her personal and	d household items you did not already list, including any health a	iids you did not list	
15			of all of your entries from Part 3, including any entries for pages ynumber here	you have attached	\$4,510.00
Pa	art 4: Des	scribe Your Financ	cial Assets		
De	o you ow	vn or have any le	egal or equitable interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	□ No		nave in your wallet, in your home, in a safe deposit box, and on hand w	when you file your petition	on
				Cash Location: 118-82 Metropolitan Avenue ,Unit #1-F, Kew Gardens NY	
				11415	\$100.00
17.	Examp		avings, or other financial accounts; certificates of deposit; shares in cre If you have multiple accounts with the same institution, list each. Institution name:	edit unions, brokerage h	ouses, and other similar

D	ebtor 1	Angela Cove	•			Case number (if known)	1-17-43007
			17.1.	Checking	HSBC Bank Account #694-77605	5-0	\$1,897.72
			17.2.		City Bank Account #99383971	18	\$99.97
18.	Examp ■ No			sly traded stocks ent accounts with bro	okerage firms, money market a	ccounts	
19.	Non-pu	ublicly traded sto	ock and			usinesses, including an interes	st in an LLC, partnership, and
	joint vo ■ No	enture					
	_	Give specific info		about them me of entity:		% of ownership:	
20	Negotia Non-ne	able instruments	include pents are	personal checks, cas those you cannot tra	otiable and non-negotiable insthiers' checks, promissory note insfer to someone by signing or	es, and money orders.	
21.	Examp □ No		RA, ERIS	SA, Keogh, 401(k), 4	903(b), thrift savings accounts, o	or other pension or profit-sharing	plans
	Yes.	List each accoun		ely. of account:	Institution name:		
			401(I	x)	Teacher's Retirement City of New York Membership #00T97	nt System of New York 72390	\$710.13
22.	Your sl Examp ■ No		d deposit	s you have made so	that you may continue service public utilities (electric, gas, wa Institution name or indiv	ater), telecommunications compar	nies, or others
23	Annuiti	ies (A contract fo	r a naria	dic navment of mone	ey to you, either for life or for a	number of years)	
20.	■ No □ Yes			e and description.	ey to you, entire for line or for a f	number of years)	
24	Interest		n IRA, iı	n an account in a q	ualified ABLE program, or un	nder a qualified state tuition pro	ogram.
	■ No □ Yes	Ins	stitution r	name and description	n. Separately file the records of	f any interests.11 U.S.C. § 521(c)	:
25.	Trusts, ■ No	, equitable or fut	ure inte	rests in property (o	ther than anything listed in li	ine 1), and rights or powers exc	ercisable for your benefit
	_	Give specific info	ormation	about them			
26.	Examp				nd other intellectual property ds from royalties and licensing		
	■ No □ Yes.	Give specific info	ormation	about them			
27.	Examp			r general intangible lusive licenses, coop		quor licenses, professional licens	ses
	No						

De	btor 1	Angela Cove	Case number (if known)	1-17-43007
	□ Yes.	Give specific information about them		
Mo	oney or	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	unds owed to you		
	■ No □ Yes.	Give specific information about them, including whether you already filed the returns	s and the tax years	
	Examp No	support les: Past due or lump sum alimony, spousal support, child support, maintenance, di Give specific information	vorce settlement, property s	settlement
	Examp ■ No	mounts someone owes you les: Unpaid wages, disability insurance payments, disability benefits, sick pay, vaca benefits; unpaid loans you made to someone else Give specific information	ition pay, workers' compens	sation, Social Security
31.	Interes Examp ■ No	is in insurance policies les: Health, disability, or life insurance; health savings account (HSA); credit, homeon		
32.	If you a	Company name: Benefi erest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance policy, or a ne has died.	·	Surrender or refund value: ve property because
	■ No □ Yes.	Give specific information		
	Examp ■ No	against third parties, whether or not you have filed a lawsuit or made a demailes: Accidents, employment disputes, insurance claims, or rights to sue Describe each claim	nd for payment	
	■ No	ontingent and unliquidated claims of every nature, including counterclaims of	f the debtor and rights to s	set off claims
	■ No	ancial assets you did not already list Give specific information		
36		ne dollar value of all of your entries from Part 4, including any entries for page rt 4. Write that number here		\$2,807.82
Pa	rt 5: Des	cribe Any Business-Related Property You Own or Have an Interest In. List any real estat	e in Part 1.	
•	No. Go	wn or have any legal or equitable interest in any business-related property? to Part 6. o to line 38.		

Debto	or 1	Angela Cove		Case number (if known)	1-17-43007	
Part 6		scribe Any Farm- and Commercial Fishing-Related Property You Cou own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.		
46. D	o you	ı own or have any legal or equitable interest in any farm- o	or commercial fishir	ng-related property?		
	No.	Go to Part 7.				
	☐ Yes	. Go to line 47.				
Part 7	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above			
		have other property of any kind you did not already list?				
	,	ples: Season tickets, country club membership				
	No	0				
ш	Yes.	Give specific information				
54	Δdd t	he dollar value of all of your entries from Part 7. Write that	t number here			\$0.00
04.	Auu t	no donar value of an or your chance from fact 7. Write and	Transcritte			Ψ0.00
Part 8	۶.	List the Totals of Each Part of this Form				
rarro						
55.	Part 1	: Total real estate, line 2				\$0.00
56.	Part 2	2: Total vehicles, line 5	\$4,882.00			
57.	Part 3	3: Total personal and household items, line 15	\$4,510.00			
58.	Part 4	1: Total financial assets, line 36	\$2,807.82			
59.	Part 5	5: Total business-related property, line 45	\$0.00			
60.	Part 6	6: Total farm- and fishing-related property, line 52	\$0.00			
61.	Part 7	7: Total other property not listed, line 54 +	\$0.00			
62.	Total	personal property. Add lines 56 through 61	\$12,199.82	Copy personal property to	otal	\$12,199.82
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$	12 199 82

Fil	l in this inforr	nation to identify your case:				
De	ebtor 1	Angela Cove				
			Middle Name	L	ast Name	
	ebtor 2 ouse if, filing)	First Name	Middle Name	L	ast Name	
Un	nited States Ba	nkruptcy Court for the: EAS	TERN DISTRICT OF N	EW Y	ORK	
	ase number	1-17-43007				☐ Check if this is an amended filing
O	fficial Fo	rm 106C				
		e C: The Prope	rty You Cla	im	as Exempt	4/16
nee cas For spe any fun exe to t	eded, fill out an e number (if ki r each item of ecific dollar an a applicable si ds—may be u emption to a p the applicable	d attach to this page as many conown). property you claim as exempt nount as exempt. Alternativel attutory limit. Some exemption nlimited in dollar amount. Ho articular dollar amount and the statutory amount.	opies of Part 2: Addition t, you must specify th y, you may claim the fr ns—such as those for wever, if you claim an ne value of the propert	e amo full fai r heal n exen	ount of the exemption you claim. (ir market value of the property be th aids, rights to receive certain b nption of 100% of fair market valu	additional pages, write your name and One way of doing so is to state a ing exempted up to the amount of enefits, and tax-exempt retirement
Pa	rt 1: Identi	y the Property You Claim as I	Exempt			
1.	Which set of	exemptions are you claiming	? Check one only, eve	n if yo	our spouse is filing with you.	
	☐ You are cl	aiming state and federal nonbar	nkruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	You are cl	aiming federal exemptions. 11	U.S.C. § 522(b)(2)			
2.	For any prop	erty you list on Schedule A/E	that you claim as exe	empt,	fill in the information below.	
		on of the property and line on that lists this property	Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
		ropolitan Avenue Unit #1-F ns, NY 11415 Queens	Unknown		\$0.00	11 U.S.C. § 522(d)(1)
	County	nedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
		n Versa 110,000 miles	\$4,882.00		\$3,775.00	11 U.S.C. § 522(d)(2)
	Avenue ,Ur 11415	18-82 Metropolitan nit #1-F, Kew Gardens NY nedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
	1 Living Ro	oom, 1 Dinning Room, 3	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(3)
	Location: 1 Avenue ,Ur 11415	18-82 Metropolitan nit #1-F, Kew Gardens NY			100% of fair market value, up to any applicable statutory limit	

Official Form 106C

11415

\$1,350.00

1 Computer, 3 Televisions, 1 Ipod

Location: 118-82 Metropolitan Avenue ,Unit #1-F, Kew Gardens NY

Line from Schedule A/B: 7.1

11 U.S.C. § 522(d)(3)

\$1,350.00

100% of fair market value, up to any applicable statutory limit

Debtor	1 Angela Cove			Case number (if known)	1-17-43007
	ief description of the property and line on hedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
_	othes	\$900.00		\$900.00	11 U.S.C. § 522(d)(3)
Lir	ne from <i>Schedule A/B</i> : 11.1			100% of fair market value, up to any applicable statutory limit	
	Chains, 3 rings, 3 Watches	\$760.00		\$760.00	11 U.S.C. § 522(d)(4)
A۱ 11	venue ,Unit #1-F, Kew Gardens NY 415 ne from <i>Schedule A/B</i> : 12.1			100% of fair market value, up to any applicable statutory limit	
	ash	\$100.00		\$100.00	11 U.S.C. § 522(d)(5)
A۱ 11	ocation: 118-82 Metropolitan Venue ,Unit #1-F, Kew Gardens NY 415 The from Schedule A/B: 16.1			100% of fair market value, up to any applicable statutory limit	
	necking: HSBC Bank	\$1,897.72		\$1,897.72	11 U.S.C. § 522(d)(5)
	ne from <i>Schedule A/B</i> : 17.1			100% of fair market value, up to any applicable statutory limit	
	ty Bank count #9938397118	\$99.97		\$99.97	11 U.S.C. § 522(d)(5)
	ne from <i>Schedule A/B</i> : 17.2			100% of fair market value, up to any applicable statutory limit	
	01(k): Teacher's Retirement System New York City of New York	\$710.13		\$710.13	11 U.S.C. § 522(d)(5)
M	embership #00T972390 ne from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	
	e you claiming a homestead exemption ubject to adjustment on 4/01/19 and every No			led on or after the date of adjustmer	nt.)
_		ed by the exemption w	ithin 1	,215 days before you filed this case	?
	□ No □ Yes				
	LI 162				

Fill in this information to identify yo	ur case:				
Debtor 1 Angela Cove First Name	Middle Name Las	st Name			
Debtor 2	Wilder Harrie Lac	or realite			
(Spouse if, filing) First Name	Middle Name Las	st Name			
United States Bankruptcy Court for the	EASTERN DISTRICT OF NEW YO	RK			
Case number 1-17-43007				☐ Check	if this is an
(,				_	led filing
					3
Official Form 106D					
Schedule D: Creditors	s Who Have Claims Se	cured	by Property	y	12/15
	If two married people are filing together, bout, number the entries, and attach it to thi				
number (if known).					
Do any creditors have claims secured b					
☐ No. Check this box and submit	this form to the court with your other sche	edules. You	have nothing else to	o report on this form.	
Yes. Fill in all of the information	below.				
Part 1: List All Secured Claims					
2. List all secured claims. If a creditor has	more than one secured claim, list the creditor	separately	Column A	Column B	Column C
for each claim. If more than one creditor hamuch as possible, list the claims in alphabe	s a particular claim, list the other creditors in P	art 2. As	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
much as possible, list the daints in alphabe	tical order according to the creditor's hame.		value of collateral.	claim	If any
2.1 Caliber Home Loan	Describe the property that secures the c		\$277,531.29	Unknown	Unknown
Creditor's Name	118-82 Metropolitan Avenue Un	it			
	#1-F Kew Gardens, NY 11415 Queens County				
DO Day 040002	As of the date you file, the claim is: Check	k all that			
PO Box 619063 Dallas, TX 75261	apply.				
Number, Street, City, State & Zip Code	☐ Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only	☐ An agreement you made (such as mortg	gage or secur	red		
Debtor 2 only	car loan)				
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechani	ic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a	Other (including a right to offset)				
community debt					
Date debt was incurred	Last 4 digits of account number	4598			
2.2 FCI Lender Services INC	Describe the property that secures the c	laim:	\$54,375.59	Unknown	Unknown
Creditor's Name	118-82 Metropolitan Avenue Un	it			
	#1-F Kew Gardens, NY 11415				
	Queens County As of the date you file, the claim is: Check	call that			
P.O Box 27370	apply.	K all tilat			
Anaheim, CA 92809	Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
Debtor 1 only	☐ An agreement you made (such as mortg	age or secur	red		
Debtor 2 only	car loan)	jugo oi occui			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechani	c's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit	,			
☐ Check if this claim relates to a	Other (including a right to offset)				
community debt					
Date debt was incurred	Last 4 digits of account number	9713			

Official Form 106D

Debtor 1	Angela Cove			Case number (if know)	1-17-43007	
	First Name	Middle Name	Last Name			
Add the	dollar value of yo	our entries in Column A on t	his page. Write that number here:	\$331,906	.88	
	the last page of y at number here:	our form, add the dollar va	lue totals from all pages.	\$331,906	.88	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in	this infor	mation to identify your o	case:					
Debtor	· 1	Angela Cove						
		First Name	Middle Na	ame	Last Name	_		
Debtor (Spouse		First Name	Middle Na	ame	Last Name			
United	States Ba	ankruptcy Court for the:	EASTERN D	DISTRICT OF NE	EW YORK			
Case r	number	1-17-43007						
(if known	_	1 17 40007		_				heck if this is an
							а	mended filing
Sche	dule E	m 106E/F E/F: Creditors W				Part 2 for creditors with NONP	RIORITY clair	12/15
any exe Schedul Schedul left. Atta	cutory con le G: Execu le D: Credi ach the Co	tracts or unexpired leases utory Contracts and Unexpi tors Who Have Claims Sect	that could resu ired Leases (Of ured by Proper	ılt in a claim. Also fficial Form 106G) ty. If more space i	list executory of the control of the	contracts on Schedule A/B: Pro any creditors with partially see the Part you need, fill it out, nu do not file that Part. On the top	operty (Officion cured claims umber the ent	al Form 106A/B) and on that are listed in tries in the boxes on the
Part 1:	List A	II of Your PRIORITY Un	secured Clair	ms				
1. Do	any credit	ors have priority unsecured	d claims agains	st you?				
	No. Go to I	Part 2.						
	Yes.							
Part 2:		All of Your NONPRIORIT						
3. Do	any credit	ors have nonpriority unsec	ured claims ag	jainst you?				
	No. You ha	ave nothing to report in this pa	art. Submit this f	form to the court wi	th your other sche	edules.		
	Yes.							
uns	secured clai n one credi	im, list the creditor separately	for each claim.	For each claim list	ed, identify what t	b holds each claim. If a creditor type of claim it is. Do not list clain three nonpriority unsecured clai	ns already inc	luded in Part 1. If more
								Total claim
4.1	Amex			Last 4 digits of a	ccount number	8563		\$955.00
	•	ty Creditor's Name 297871		When was the de	ebt incurred?	Opened 11/94 Last Ac 5/28/17	ctive	
		uderdale, FL 33329						-
		Street City State Zlp Code urred the debt? Check one.		As of the date yo	u file, the claim	is: Check all that apply		
	Debto			Пол				
		• •		Contingent				
	☐ Debto	•		☐ Unliquidated				
	_	r 1 and Debtor 2 only		Disputed	DITY uncocuro	d claim:		
		st one of the debtors and and		Type of NONPRIC	JATET UNSECUTE	u Ciailli.		
	debt	k if this claim is for a comn im subject to offset?	nunity			aration agreement or divorce that	you did not	
	■ No					g plans, and other similar debts		
	☐ Yes			Other. Specify	•			
	□ 162			 Otner. Specify 	Ji Cuit Gait	•		

Official Form 106 E/F

Debtor	1 Angela Cove		Case number (if know) 1-17-4300)7
4.2	Bank Of America	Last 4 digits of account number	7006	\$5,150.00
	Nonpriority Creditor's Name Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim in	Opened 4/11/13 Last Active 05/17 s: Check all that apply	_
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin	ration agreement or divorce that you did not	ı
	Yes	Other. Specify Credit Card		_
4.3	Citibank Nonpriority Creditor's Name	Last 4 digits of account number	6794	\$5,883.00
	Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 S Louis, MO 63129	When was the debt incurred?	Opened 06/12 Last Active 6/02/17	_
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin	ration agreement or divorce that you did not	
	□Yes	Other. Specify Credit Card	I	_
4.4	Con Edison Nonpriority Creditor's Name PO Box 138 New York, NY 10276 Number Street City State Zlp Code	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim		\$138.80
	Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other, Specify Electricity	- '	

Official Form 106 E/F

Debtor	1 Angela Cove		Case number (if know) 1-17-43007	
4.5	Dept Of Ed/Navient	Last 4 digits of account number	1121	\$9,917.00
	Nonpriority Creditor's Name Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim in	Opened 11/11 Last Active 05/17 is: Check all that apply	
	Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset?	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ■ Student loans ☐ Obligations arising out of a separeport as priority claims	d claim: aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other. Specify		
		Educationa	ıl	
4.6	Discover Financial Nonpriority Creditor's Name	Last 4 digits of account number	2669	\$433.00
	Po Box 3025 New Albany, OH 43054	When was the debt incurred?	Opened 04/09 Last Active 5/07/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Card	g plans, and other similar debts	
4.7	Hsbc Bank Nonpriority Creditor's Name	Last 4 digits of account number	6898	\$232.00
	P.O. Box 2013 Buffalo, NY 14240	When was the debt incurred?	Opened 03/15 Last Active 5/05/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharin	ration agreement or divorce that you did not g plans, and other similar debts	
	Yes	■ Other. Specify Check Cred	dit Or Line Of Credit	

Official Form 106 E/F

or 1 Angela Cove		Case number (if know) 1-17-43007	
Lending Club Corp	Last 4 digits of account number	3669	\$6,118.00
Nonpriority Creditor's Name		One and 00/40 Leat Active	
71 Stevenson St Suite 300	When was the debt incurred?	Opened 02/16 Last Active 5/17/17	
San Francisco, CA 94105	When was the dest mouried.	3/11/11	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Unsecured		

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total				-	
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
		,			0.00
					Total Claim
	6f.	Student loans	6f.	\$	9,917.00
Total					
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that			
	og.	you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount	6i.	\$	18,909.80
		here.			
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	28,826.80
	•	•	•		

Fill in this infor	mation to identify your	case:			
Debtor 1	Angela Cove				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F NEW YORK		
Case number	1-17-43007				
(if known)		_		☐ Check if this is amended filing	

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the	e contract or lease Code	State what the contract or lease is for
2.1					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.3	City		State	ZIF Code	
2.0	Name				<u> </u>
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.5			• • • • • • • • • • • • • • • • • • • •		
-	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>

Official Form 106G

Fill in this	information to identify you	r case:			
Debtor 1	Angela Cove				
	First Name	Middle Name	Last Name	_	
Debtor 2	First Name	Middle Nove	Last Name		
(Spouse if, filin	ng) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	EASTERN DISTRICT C	OF NEW YORK		
Case numb	per 1-17-43007				
(if known)					☐ Check if this is an
					amended filing
Official	Form 106H				
		1-1-4			
Sched	ule H: Your Cod	debtors			12/15
1. Do y ■ No	you have any codebtors? (I	f you are filing a joint case,	do not list either spouse	e as a codebtor.	
☐ Yes					
Arizona	nin the last 8 years, have yo a, California, Idaho, Louisiana Go to line 3.				ty states and territories include
☐ Yes	. Did your spouse, former spo	ouse, or legal equivalent live	e with you at the time?		
in line Form 1 out Co	2 again as a codebtor only	if that person is a guaran al Form 106E/F), or Sched	itor or cosigner. Make	sure you have listed t 06G). Use Schedule D,	ng with you. List the person shown the creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debtes that apply:
				По	
[3.1]	Name			☐ Schedule D, lir	
				☐ Schedule E/F,☐ Schedule G, lir	
_				— Ochicadic G, iii	
	Number Street City	State	ZIP Code		
3.2				☐ Schedule D, lir	ne.
	Name			☐ Schedule E/F,	
				☐ Schedule G, lir	ne
-	Number Street				
	City	State	ZIP Code		

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Fill	in this information to identify your c	ase:						
Del	otor 1 Angela Cov	e						
	otor 2				_			
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF NEW YORK		_			
	1-17-43007		-				nt showing postpe	
\bigcirc	fficial Form 106l				_		as of the following	date:
	chedule I: Your Inc	ome			ī	MM / DD/ Y	YYY	12/1
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	ır spouse is not filing w	ith you, do not inclu	de inforr	nation aboເ	ıt your spo	use. If more space	ce is needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-filing spo	ouse
	If you have more than one job,	Employment status	■ Employed			☐ Emplo	yed	
	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not er	nployed	
	employers.	Occupation	Assitatant Teac	her				
	Include part-time, seasonal, or self-employed work.	Employer's name	Deparment of E	ducatio	n			
	Occupation may include student or homemaker, if it applies.	Employer's address	65 Court Street Brooklyn, NY 11	201				
		How long employed t	here? 15 Mon	ths		. <u> </u>		
Par	t 2: Give Details About Mo	nthly Income						
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	eport for	any line, writ	te \$0 in the	space. Include yo	ur non-filing
	u or your non-filing spouse have messpace, attach a separate sheet to		ombine the information	n for all e	mployers for	r that perso	n on the lines belo	w. If you need
					For De	ebtor 1	For Debtor 2 o	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	3,167.00	\$	N/A
3.	Estimate and list monthly over	ime pay.		3.	+\$	1,066.00	+\$	N/A
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$ 4,2	233.00	\$ N /	A

Official Form 106I Schedule I: Your Income page 1

Debt	or 1	Angela Cove	_	Cas	se number (if known)	1-17-43007		
			='					
				E	or Debtor 1	For Debtor	2 0"	
				г	or Deptor 1	non-filing s		
	Conv	y line 4 here	4.	\$	4,233.00	\$	N/A	
	OOP.	y line 4 nere	٦.	Ψ.	7,233.00	Ψ		
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	167.95	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	
	5e.	Insurance	5e.	\$	0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	
	5g.	Union dues	5g.	\$	0.00	\$	N/A	
	5h.	Other deductions. Specify: Federal Tax	5h.+		142.78	·	N/A	
	011.	State Tax	_ '	\$	54.00	\$	N/A	
		City Tax	_	\$	48.17	\$	N/A	
		Fordered Withheadsings	_	\$	45.20	\$	N/A	
		Federal OASDI/EE	_	\$	58.31	\$	N/A	
		NY Withholding	_	φ.	18.24	\$	N/A	
		NY New York Withholding	_	\$	17.04	\$	N/A	
			_			Ψ		
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	551.69	\$	N/A	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,681.31	\$	N/A	
8.	List	all other income regularly received:						
	8a.	Net income from rental property and from operating a business,						
		profession, or farm						
		Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent		Ψ.	0.00	Ψ	IN/A	
	oc.	regularly receive						
		Include alimony, spousal support, child support, maintenance, divorce						
		settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive						
		Include cash assistance and the value (if known) of any non-cash assistance)					
		that you receive, such as food stamps (benefits under the Supplemental						
		Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	¢	N/A	
	0.0	Pension or retirement income			0.00	\$ \$		
	8g.		8g. 8h.+			·	N/A	
	8h.	Other monthly income. Specify:	_ on.+	Ф.	0.00	+ Þ	N/A	
9.	۸۵۵	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A	
9.	Auu	an other miconie. Add lines datobroutoutoutoutoutoutoutout.	9.	Ψ_	0.00	Ψ	IN/A	
10.			10. \$		3,681.31 + \$_	N/A	= \$	3,681.31
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.					ı L	
11.	State	e all other regular contributions to the expenses that you list in Schedule	J.					
		de contributions from an unmarried partner, members of your household, your		dent	ts, your roommates	s, and		
		r friends or relatives.						
		ot include any amounts already included in lines 2-10 or amounts that are not	availab	ole to	pay expenses list			
	Spec	ify: Son Contribution				11.	+\$	2,000.00
12	Δ ΑΑ	the amount in the last column of line 10 to the amount in line 11. The res	ult in th	10.00	ombined monthly in	ncome		
12.		e that amount on the Summary of Schedules and Statistical Summary of Certain						
	appli		III LIADI	IIIIOC	and Related Data	12.	\$	5,681.31
							Combin	
13	Do v	ou expect an increase or decrease within the year after you file this form	?				топпп	income
١٥.		No.	•					
	_	Yes. Explain:						
	_							

Official Form 106I Schedule I: Your Income page 2

Fill	in this information to identify your case:				
Deb	otor 1 Angela Cove		Check	c if this is:	
	otor 2 puse, if filing)				ving postpetition chapter the following date:
``	·		_	·	
Unit	ed States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YO	JRK	ľ	MM / DD / YYYY	
	e number 1-17-43007 nown)				
	fficial Form 106J				
	chedule J: Your Expenses				12/15
info	as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this finber (if known). Answer every question.				
Par	t 1: Describe Your Household Is this a joint case?				
	No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household? ☐ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Debto	or 2.	
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state the	_			□ No
	dependents names.	Son		16	Yes
					□ No □ Yes
					□ No
					☐ Yes
					□ No
					☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No Yes				
Est	t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless yourness as of a date after the bankruptcy is filed. If this is a suppolicable date.				
the	lude expenses paid for with non-cash government assistance if value of such assistance and have included it on <i>Schedule I:</i> Y ficial Form 106I.)			Your expe	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	e 4. \$		1,898.07
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		0.00
F	4d. Homeowner's association or condominium dues	mo oquity locas	4d. \$	-	693.00
5.	Additional mortgage payments for your residence, such as hor	ne equity loans	5. \$		441.00

Debtor	Angela Cove	Case num	ber (if known)	1-17-43007
6. U	Itilities:			
-	a. Electricity, heat, natural gas	6a.	\$	138.80
6	b. Water, sewer, garbage collection	6b.		0.00
6	c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	205.00
6	d. Other. Specify:	6d.	\$	0.00
7. F	ood and housekeeping supplies	7.	\$	600.00
	childcare and children's education costs	8.	\$	0.00
9. C	lothing, laundry, and dry cleaning	9.	\$	0.00
10. P	ersonal care products and services	10.	\$	0.00
	ledical and dental expenses	11.	\$	0.00
	ransportation. Include gas, maintenance, bus or train fare.			
	o not include car payments.	12.	\$	150.00
13. E	ntertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14. C	haritable contributions and religious donations	14.	\$	0.00
15. I r	nsurance.			
	o not include insurance deducted from your pay or included in lines 4 or 20.			
	5a. Life insurance	15a.	·	0.00
	5b. Health insurance	15b.		0.00
1	5c. Vehicle insurance	15c.	\$	173.00
1	5d. Other insurance. Specify:	15d.	\$	0.00
	axes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	pecify:	16.	\$	0.00
	nstallment or lease payments:		_	
	7a. Car payments for Vehicle 1	17a.	· -	0.00
	7b. Car payments for Vehicle 2	17b.	·	0.00
	7c. Other. Specify:	17c.	\$	0.00
	7d. Other. Specify:	17d.	\$	0.00
	our payments of alimony, maintenance, and support that you did not report		c	0.00
	educted from your pay on line 5, Schedule I, Your Income (Official Form 106	il). 10.	\$	
	Other payments you make to support others who do not live with you.	40	\$	0.00
	pecify:	19.	ur Incomo	
	Oa. Mortgages on other property	20a.		0.00
	Ob. Real estate taxes	20a. 20b.	·	0.00
	Oc. Property, homeowner's, or renter's insurance	20b. 20c.	·	0.00
	Od. Maintenance, repair, and upkeep expenses	20d.	·	
	0e. Homeowner's association or condominium dues	20d. 20e.	\$	0.00
			·	0.00
21. C	Other: Specify:	21.	+\$	0.00
22. C	alculate your monthly expenses			
	2a. Add lines 4 through 21.		\$	4,298.87
2	2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-	-2	\$,
	2c. Add line 22a and 22b. The result is your monthly expenses.		\$	4,298.87
_	20.7 Add into 22d and 225. The result to your monthly expenses.			4,230.01
	alculate your monthly net income.			
	3a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	5,681.31
2	3b. Copy your monthly expenses from line 22c above.	23b.	-\$	4,298.87
2	3c. Subtract your monthly expenses from your monthly income.	00	•	1,382.44
	The result is your monthly net income.	23c.	\$	1,302.44
F m	To you expect an increase or decrease in your expenses within the year after or example, do you expect to finish paying for your car loan within the year or do you expect yould fication to the terms of your mortgage? No.			ease or decrease because of a
	7 Voc. Evolain here:			

Fill in this	information to identify your	case:			
Debtor 1	Angela Cove				
Dahtar 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filin	ng) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	EASTERN DISTRICT OF	NEW YORK		
Case numb	ber 1-17-43007				
(if known)					☐ Check if this is an amended filing
	Form 106Dec				
Decla	ration About a	n Individual	Debtor's Scho	edules	12/15
Did yo	oth. 18 U.S.C. §§ 152, 1341, 1 Sign Below ou pay or agree to pay some		ney to help you fill out bank	cruptcy forms?	
	No				
_ \	Yes. Name of person				otcy Petition Preparer's Notice, and Signature (Official Form 119)
	penalty of perjury, I declare ney are true and correct.	that I have read the sumn	nary and schedules filed w	ith this declaration a	and
X /s	/ Angela Cove		x		
	ngela Cove gnature of Debtor 1		Signature of Deb	otor 2	
Da	ate _ June 22, 2017		Date		

Official Form 106Dec

Debtor 1 Angela Cove First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK Case number (if known) Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct nformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before Married Not married	Fil	l in this in	nformation to identify you	case:									
Debtor 72 [Secues of, Hings] First Name Middle Name Last Name Last Name Last Name Middle Name Last Name Check if this is an amended filing Check if this is an amended fil				ouse.									
United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK Case number 1-17-43007 (Ithrown)	De	ו וטוטו		Middle Na	ime	Last Na	me						
United States Bankruptcy Court for the:			First Name	Middle No		Loot No	ma						
Case number 1-17-43007 Check if this is an amended filling Check if this is an amended filling							me						
Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 lived there No Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Anzona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Debtor 1 Sources of income (Defore adductions and exclusions) Poetror 3 Sources of income (Check all that apply. Check all that apply. Explain the date you filed for bankruptcy: Wages, commissions, bonuses, tips	Un	ited State	s Bankruptcy Court for the:	EASTERN	DISTRICT OF N	NEW YORK							
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before			er <u>1-17-43007</u>		-								
Information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before				Affairs fo	r Individı	uals Fil	ing for Ba	ankruptcy	4/16				
Married Not married During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 lived there Debtor 2 Prior Address: Dates Debtor 2 lived there Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Gross income (before deductions and exclusions) bonuses, tips Wages, commissions, bonuses, tips	info nun	ormation. nber (if k	If more space is needed, nown). Answer every ques	attach a separ stion.	ate sheet to th	is form. Or	the top of any						
Married Not married	Pa	rt 1: G	ive Details About Your Ma	rital Status and	d Where You L	ived Before	9						
During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Ilived there Debtor 2 Prior Address: Dates Debtor 2 Ilived there No Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 1. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Check all that apply. Sources of income Check all that apply. Wages, commissions, bonuses, tips Sources, tips Wages, commissions, bonuses, tips	1.	What is	your current marital statu	s?									
During the last 3 years, have you lived anywhere other than where you live now? No		□ Ма	rried										
No		■ Not married											
Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 Debtor 2 Prior Address: Dates Debtor 2 Debtor 2 Prior Address: Dates Debtor 2 Debtor 2 Debtor 2 Prior Address: Dates Debtor 2 Debtor 3 Debtor 3 Debtor 4 Debtor 4 Debtor 5 Debtor 5 Debtor 6 Debtor 6 Debtor 7 Debtor 6 Debtor 7 Debtor 7 Debtor 7 Debtor 8 Debtor 9	2.	During	the last 3 years, have you	lived anywhere	other than wh	here you liv	re now?						
Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 Debtor 3 Debtor 4 Debtor 2 Debtor 4 Debtor 5 Debtor 5 Debtor 6 Debtor 6 Debtor 7 Debtor 6 Debtor 7 Debtor 7 Debtor 8 Debtor 9 Debto		■ No											
lived there		☐ Ye	s. List all of the places you li	ived in the last 3	years. Do not	include whe	re you live now.						
States and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 1. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filled for bankruptcy: Wages, commissions, bonuses, tips		Debtor	1 Prior Address:			Del	otor 2 Prior Add	dress:					
□ Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. □ No ■ Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: □ Wages, commissions, bonuses, tips	3. stat												
Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips The activities or the two previous calendar years? For Using the two previous calendar years? From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips		■ No											
4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Wages, tips		☐ Ye	s. Make sure you fill out Sch	nedule H: Your (Codebtors (Offic	cial Form 10	6H).						
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Wages, commissions, bonuses, tips	Pa	rt 2 E	xplain the Sources of You	r Income									
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Wages, commissions, bonuses, tips													
Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. From January 1 of current year until the date you filed for bankruptcy: Debtor 2 Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) \$15,386.00 Wages, commissions, bonuses, tips	4.	Fill in the	e total amount of income yo	u received from	all jobs and all	businesses	, including part-t	ime activities.	endar years?				
Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) \$15,386.00 Wages, commissions, bonuses, tips		_	s. Fill in the details.										
Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) \$15,386.00 Wages, commissions, bonuses, tips				Debtor 1				Debtor 2					
the date you filed for bankruptcy: Wages, commissions, bonuses, tips Display the date you filed for bankruptcy:				Sources of in		(before de	ductions and	Sources of income	(before deductions				
☐ Operating a business ☐ Operating a business							\$15,386.00	_	sions,				
				☐ Operating a	business			☐ Operating a business					

Official Form 107

Debtor 1 Angela Cove							Case number (if known) 1-17-43007					
						Debtor 1		Debtor 2				
						Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco		Gross income (before deductions and exclusions)		
			dar ye Decen		1, 2016)	■ Wages, commissions, bonuses, tips	\$32,575.00	☐ Wages, comr bonuses, tips	missions,			
						☐ Operating a business		Operating a b	ousiness			
					ore that: 1, 2015)	■ Wages, commissions, bonuses, tips	\$38,579.00	☐ Wages, comr bonuses, tips	missions,			
						☐ Operating a business		Operating a b	ousiness			
	winn	ings. Ì each s No	f you a	re filin and th	g a joint cas	pensions; rental income; inter e and you have income that y me from each source separat	ou received together, list it	only once under De	btor 1.	a gambing and lottery		
						Debtor 1		Debtor 2				
						Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inco	ome	Gross income (before deductions and exclusions)		
Pa	rt 3:	List	Certa	in Pay	ments You	Made Before You Filed for I	Bankruptcy					
6.	Are ∈	either No.	Neith individ	er Del dual pr	otor 1 nor D imarily for a	s debts primarily consumer rebtor 2 has primarily consu- personal, family, or househol	mer debts. Consumer deb d purpose."			1(8) as "incurred by an		
				_	0 days befo	re you filed for bankruptcy, die	d you pay any creditor a tot	al of \$6,425* or more	e?			
				Ю.	Go to line 7							
			□ _Y		paid that cre	each creditor to whom you paideditor. Do not include paymen payments to an attorney for the	ts for domestic support obli					
			* Sub	oject to	adjustment	on 4/01/19 and every 3 years	s after that for cases filed or	or after the date of	adjustment			
		Yes.				r both have primarily consure you filed for bankruptcy, die		al of \$600 or more?				
				lo.	Go to line 7							
					include pay	each creditor to whom you pai ments for domestic support of this bankruptcy case.						
	Cre	ditor's	s Nam	e and	Address	Dates of payme	nt Total amount	Amount you	Was this p	payment for		

Debt	or 1	Angela Cove		Cas	se number (if known)	1-17-43007	
6	<i>Inside</i> of wh	in 1 year before you filed for bankruptoers include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny.	rtners; relatives of any gene control, or owner of 20% or	eral partners; partners more of their voting	erships of which yo g securities; and ar	u are a general ny managing age	partner; corporations ent, including one for
		No Yes. List all payments to an insider.					
		der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	nis payment
i	nsid	n 1 year before you filed for bankruptoer? de payments on debts guaranteed or cos		ments or transfer a	any property on a	ccount of a deb	ot that benefited an
		No					
		Yes. List all payments to an insider					
	Insid	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the Include creditor	
Part	4:	Identify Legal Actions, Repossession	s, and Foreclosures				
] 1 	_ist a modif ■ I	in 1 year before you filed for bankrupto Il such matters, including personal injury ications, and contract disputes. No Yes. Fill in the details.	cases, small claims actions	, divorces, collectio	n suits, paternity a	ctions, support o	or custody
		e title e number	Nature of the case	Court or agency		Status of the	case
[Ehecl	in 1 year before you filed for bankrupto k all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		rty repossessed, f	oreclosed, garnis	hed, attached,	seized, or levied? Value of the
					24.0		property
i 	acco	n 90 days before you filed for bankrup unts or refuse to make a payment beca No Yes. Fill in the details.			nancial institution	, set off any an	nounts from your
	Cred	litor Name and Address	Describe the action the	creditor took	Date :	action was	Amount
		n 1 year before you filed for bankrupto -appointed receiver, a custodian, or a		rty in the possess	ion of an assigne	e for the benefi	t of creditors, a
 		No Yes					
Part	5:	List Certain Gifts and Contributions					
13. \	_	n 2 years before you filed for bankrup No	tcy, did you give any gifts	with a total value	of more than \$60	0 per person?	
	□ `	Yes. Fill in the details for each gift.					
		s with a total value of more than \$600 person	Describe the gifts		Dates the gi	you gave fts	Value
		son to Whom You Gave the Gift and ress:					

Official Form 107

Deb	otor 1 Angela Cove		Case number (if known)	1-17-43007	7						
14.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or con		ons with a total value	of more than S	\$600 to any charity?						
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Date: contr	s you ibuted	Value						
Par	t 6: List Certain Losses										
15.	Within 1 year before you filed for bankruptor gambling?	cy or since you filed for bankruptcy, did	d you lose anything be	cause of theft	t, fire, other disaster,						
	■ No										
	☐ Yes. Fill in the details.										
	how the loss occurred	escribe any insurance coverage for the clude the amount that insurance has paid	. List pending loss	of your	Value of property lost						
	in	surance claims on line 33 of Schedule A/L	B: Property.								
Par	t 7: List Certain Payments or Transfers										
 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. 											
	☐ Yes. Fill in the details.										
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any pro transferred		payment insfer was	Amount of payment						
	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.										
	No										
	Yes. Fill in the details.										
	Person Who Was Paid Address	Description and value of any pro transferred		payment Insfer was	Amount of payment						
	Within 2 years before you filed for bankrup transferred in the ordinary course of your burned line both outright transfers and transfers minclude gifts and transfers that you have alread No Yes. Fill in the details.	pusiness or financial affairs? nade as security (such as the granting of a		•							
	Person Who Received Transfer	Description and value of	Describe any pro	nerty or	Date transfer was						
	Address Person's relationship to you	property transferred	payments receive paid in exchange	ed or debts	made						
19.			self-settled trust or s	milar device o	of which you are a						
	■ No										
	Yes. Fill in the details.				D . T .						
	Name of trust	Description and value of the pro		Date Transfer was made							

Case number (if known) 1-17-43007

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Last balance Date account was Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it? State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Name of Storage Facility Do you still Who else has or had access Describe the contents Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Nο Yes. Fill in the details. Owner's Name Where is the property? Describe the property Value Address (Number, Street, City, State and ZIP Code) (Number, Street, City, State and ZIP Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code)

Debtor 1

Angela Cove

Deb	otor 1	Angela Cove		Case number (if known)	1-17-43007								
25.	Hav	e you notified any governmental unit o	f any release of hazardous material?										
	_	,	•										
		No Yes. Fill in the details.											
	Na	me of site	Governmental unit	Environmental lav	w. if you Date of notice								
		dress (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		y, ii you Date of Hotioc								
26.	Hav	ve you been a party in any judicial or ad	ministrative proceeding under any envir	onmental law? Includ	e settlements and orders.								
		No											
		Yes. Fill in the details.											
		se Title se Number	Court or agency Name	Nature of the case	Status of the case								
	Ca	se Number	Address (Number, Street, City, State and ZIP Code)		Case								
Par	t 11:	Give Details About Your Business or	Connections to Any Business										
27.	Witl	hin 4 years before you filed for bankrup	otcy, did you own a business or have any	y of the following con	nections to any business?								
			in a trade, profession, or other activity,	_	-								
		☐ A member of a limited liability com	pany (LLC) or limited liability partnership	p (LLP)									
		☐ A partner in a partnership											
		☐ An officer, director, or managing executive of a corporation											
		_	ng or equity securities of a corporation										
	_	No. None of the above applies. Go to											
	□ B	Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business Employer Identification number											
	Ad	dress			Social Security number or ITIN.								
	(NUI	mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business e									
28.		hin 2 years before you filed for bankrup	otcy, did you give a financial statement to	o anyone about your b	ousiness? Include all financial								
	11131	intulions, creditors, or other parties.											
		No											
	L	Yes. Fill in the details below.	Data lagued										
		me dress	Date Issued										
	(Nu	mber, Street, City, State and ZIP Code)											
Par	t 12:	Sign Below											
are i	true a ba	and correct. I understand that making a	inancial Affairs and any attachments, and a false statement, concealing property, o \$250,000, or imprisonment for up to 20	or obtaining money or									
/s/	Ang	jela Cove											
An	gela	i Cove ire of Debtor 1	Signature of Debtor 2										
Dat	е _	June 22, 2017	Date										
Did	you	attach additional pages to Your Statem	nent of Financial Affairs for Individuals Fi	iling for Bankruptcy (Official Form 107)?								
I N		-			•								
□ Y	'es												
Did ■ _N	-	pay or agree to pay someone who is no	ot an attorney to help you fill out bankrup	ptcy forms?									
_		Name of Person Attach the Bankr	uptcy Petition Preparer's Notice, Declaration	n, and Signature (Offici	al Form 119).								
Offic	ial Fo	rm 107 Stater	ment of Financial Affairs for Individuals Filing	for Bankruptcy	page								

Debtor 1 Angela Cove Case number (if known) 1-17-43007

Fill in this information to identify your case:										
Debtor 1	Angela Cove									
Debtor 2 (Spouse, if filing)										
United States E	Bankruptcy Court for the: Eastern District of New York									
Case number (if known)	1-17-43007									

Check	Check as directed in lines 17 and 21:									
	According to the calculations required by this Statement:									
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).									
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).									
	3. The commitment period is 3 years.									
	4. The commitment period is 5 years.									

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Par	1: Calculate Your Average Monthly Income							
1.	What is your marital and filing status? Check one of	nly.						
	■ Not married. Fill out Column A, lines 2-11.							
	☐ Married. Fill out both Columns A and B, lines 2-11.	2						
10 th	ill in the average monthly income that you received from all 01(10A). For example, if you are filing on September 15, the 6-re 6 months, add the income for all 6 months and divide the total outsets own the same rental property, put the income from that	month per al by 6. Fill	iod would I in the re	be March 1 throusult. Do not includ	igh Augus le any inco	t 31. If the amo	ount of your monthly incom ore than once. For examp	ne varied during le, if both
					Column Debtor		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and co	mmissi	ons (before all	\$	4,233.66	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	e paymei	nts from	a spouse if	\$	0.00	\$	
4.	All amounts from any source which are regularly p of you or your dependents, including child suppor from an unmarried partner, members of your househol and roommates. Include regular contributions from a s filled in. Do not include payments you listed on line 3.	t. Include	e regula depende	r contributions nts, parents,	\$	2,000.00	\$	
5.	Net income from operating a business, profession, or farm	Debtor	1					
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from a business, profession, or fa	rm \$	0.00	Copy here ->	\$	0.00	\$	
6.	Net income from rental and other real property	Debtor	1					
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

7. Interest, dividends, and royalites			
7. Interest, dividends, and royalites		Column B Debtor 2 or non-filing s	
2. Unemployment componenties	0.00	\$	
8. Unemployment compensation \$	0.00	\$	
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:			
For you\$			
For your spouse \$			
9. Pension or retirement income. Do not include any amount received that was a	0.00	\$	
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.	0.00	\$	
	0.00	\$	
Table and the second of the se	0.00	\$	
otal amounts from separate pages, if any.	<u>U.UU</u>	Ψ	
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. \$ 6,233.66	+ \$		= \$ 6,233.6
12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one:			\$ 6,233.6
You are not married. Fill in 0 below.			
☐ You are married and your spouse is filing with you. Fill in 0 below.			
☐ You are married and your spouse is not filing with you.			
Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the	other tha	an you or your	dependents.
dependents, such as payment of the spouse's tax liability or the spouse's support of someone of		If necessary, I	liet additional
dependents, such as payment of the spouse's tax liability or the spouse's support of someone of Below, specify the basis for excluding this income and the amount of income devoted to each padjustments on a separate page.	urpose.		iist additional
Below, specify the basis for excluding this income and the amount of income devoted to each p adjustments on a separate page. If this adjustment does not apply, enter 0 below.	urpose.		iist additional
Below, specify the basis for excluding this income and the amount of income devoted to each p adjustments on a separate page.	urpose.		nst additional
Below, specify the basis for excluding this income and the amount of income devoted to each p adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$	urpose.		iist additional
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Below, specify the basis for excluding this income and the amount of income devoted to each p adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$		oy here=>	- <u>(</u>
Below, specify the basis for excluding this income and the amount of income devoted to each p adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$		oy here=>	
Below, specify the basis for excluding this income and the amount of income devoted to each p adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ \$ \$ Tatal		oy here=>	
Below, specify the basis for excluding this income and the amount of income devoted to each p adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$		oy here=>	- C \$ 6,233.6
Below, specify the basis for excluding this income and the amount of income devoted to each p adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$	Сор		
Below, specify the basis for excluding this income and the amount of income devoted to each p adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Сор		- C \$ 6,233.6

Debt	or 1	Angela Cove		Case number (if known) 1-	17-43007
16	. Cal	culate the median family income that applies to yo	u. Follow these step	os:	
	16a	. Fill in the state in which you live.	NY		
	16h	Fill in the number of people in your household.	1		
		Fill in the median family income for your state and size	zo of household		s 51,408.00
	100	To find a list of applicable median income amounts, ginstructions for this form. This list may also be availal	go online using the		\$
17	. Hov	w do the lines compare?			
	17a	Line 15b is less than or equal to line 16c. On 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NO			
	17b	Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcula your current monthly income from line 14 about 14 about 14 about 15 about 16 about	ition of Your Dispo		
Par	t 3:	Calculate Your Commitment Period Under 11 U.	S.C. § 1325(b)(4)		
18.	Cop	by your total average monthly income from line 11	·		\$ 6,233.66
19.	con	duct the marital adjustment if it applies. If you are m tend that calculating the commitment period under 11 l use's income, copy the amount from line 13.			
	19a	. If the marital adjustment does not apply, fill in 0 on lin	ne 19a.		-\$0.00
	19b	. Subtract line 19a from line 18.			\$6,233.66
20.	Cal	culate your current monthly income for the year. F	follow these steps:		
	20a	. Copy line 19b			\$6,233.66_
		Multiply by 12 (the number of months in a year).			x 12
	20b	. The result is your current monthly income for the yea	r for this part of the	form	\$ 74,803.92
	20c	. Copy the median family income for your state and size	ze of household fror	n line 16c	\$51,408.00
	21.	How do the lines compare?			
		Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	ordered by the cou	rt, on the top of page 1 of this form,	check box 3, The commitment
		Line 20b is more than or equal to line 20c. Unler commitment period is 5 years. Go to Part 4.	ss otherwise ordere	d by the court, on the top of page 1	of this form, check box 4, The
Par	t 4:	Sign Below			
	By s	signing here, under penalty of perjury I declare that the	information on this	statement and in any attachments	is true and correct.
)	(/s/	/ Angela Cove			
	Ar	ngela Cove gnature of Debtor 1			
		e June 22, 2017			
		MM / DD / YYYY			
	-	ou checked 17a, do NOT fill out or file Form 122C-2. ou checked 17b, fill out Form 122C-2 and file it with this	e form. On line 20 o	f that form, copy your current month	aly income from line 14 above
	ıı y	on oncorou 170, iii out i oiiii 1220-2 anu iiie it with this	5 151111. OH III IE 38 U	i macionii, copy your current monu	ny modrito nominito 14 above.

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Fill in	this info	ormation to	identify you	ır case.				Ī							
Debto		Angela (ii case.											
Debto (Spou	r 2 se, if filin	g)													
United	d States I	Bankruptcy	Court for the:	Eastern I	District of Ne	w York									
Case (if kno		1-17-430	007							☐ Chec	k if this	is an	amend	ed filir	ng
	i Form 1		lculatio	n of Y	our Dis	sposak	ole Ir	ncom	е						04/16
			vill need you cial Form 12		d copy of C	chapter 13 S	Stateme	ent of You	ır Curren	t Monthl	y Incom	e and	Calcula	tion o	f
space	is neede	ed, attach a	rate as poss separate sh our name and	eet to this	form, Includ	de the line r									
Part 1	: Ca	Iculate You	ur Deduction	s from You	ır Income										
the info Dec exp	question ormation duct the elements if	ns in lines may also lexpense among they are high	Service (IRS) 6-15. To find be available a ounts set out her than the s	the IRS state the bank in lines 6-1 standards. I	andards, go cruptcy clerk 5 regardless Do not includ	online using a continuous continu	ng the I ual expe	ink specionse. In late	fied in the ter parts of at you sub	e separa of the forr otracted for	n, you w	uction	s for thi	s form	n. This
			duct any amou				•	s income ir	n line 13 c	or Form 1	220-1.				
			rom month to are not used					nation roa	uirod by a	cimilar f	orm uso	d in ch	antor 7	22000	
									иней бу а	Sillilal I	omi use	u III CI	iaptei 7 t	Jases.	
5.	Fill in the	ne number of	ople used in of people who any additiona ole in your ho	could be cl al depender	aimed as ex	emptions or	n your fe	ederal inco				1			
Nat	ional St	andards	You m	ust use the	IRS Nationa	l Standards	to answ	ver the qu	estions in	lines 6-7					
6.			nd other item e dollar amou					d in line 5 a	and the IF	RS Natior	nal	;	\$		570.00
7.	the doll people	ar amount f who are 65	alth care allo for out-of-pock or olderbec S amount, you	et health c ause older	are. The num people have	nber of peop a higher IR	ple is sp S allowa	lit into two ance for h	categorie	espeopl	e who a	re und	er 65 and	d	

Official Form 22C-2

ebtor 1	Α	angela Cove			Case number (if I	(nown)	1-17-43007	
Peop	le v	vho are under 65 years of age						
	7a.	Out-of-pocket health care allowance per person	\$	54				
	7b.	Number of people who are under 65	Χ	1				
	7c.	Subtotal. Multiply line 7a by line 7b.	\$	54.00	Copy here=>	\$	54.00	
Peop	le v	vho are 65 years of age or older						
	7d.	Out-of-pocket health care allowance per person	\$	130				
	7e.	Number of people who are 65 or older	Χ	0				
	7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00	Copy here=>	\$	0.00	
	7g.	Total. Add line 7c and line 7f		\$	54.00	(Copy total here=>	\$54.00
Loca	l Sta	andards You must use the IRS Local Standards to	n answe	er the guestions in	lines 8-15			
Base	d o	n information from the IRS, the U.S. Trustee Prog tcy purposes into two parts:		•		l for h	nousing for	
_	•	ing and utilities - Insurance and operating expens	202					
_		ing and utilities - Mortgage or rent expenses	,03					
8.	Hou in th	e instructions for this form. This chart may also busing and utilities - Insurance and operating expense dollar amount listed for your county for insurance and operating expense dollar amount listed for your county for insurance and operating expenses.	nses: l	Jsing the number of			n line 5, fill	588.00
		using and utilities - Mortgage or rent expenses:						
	9a.	Using the number of people you entered in line 5, fi listed for your county for mortgage or rent expenses		dollar amount		\$_	1,648.00	
	9b.	Total average monthly payment for all mortgages a	nd othe	r debts secured by	your home.			
		To calculate the total average monthly payment, ad contractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.						
		Name of the creditor		verage monthly ayment				
		-NONE-	\$					
		9b. Total average monthly paymen	st \$	0.00	Copy here=>	\$	0.00	Repeat this amoun on line 33a.
	9c.	Net mortgage or rent expense.						
		Subtract line 9b (total average monthly payment) from rent expense). If this number is less than \$0, enter		9a (<i>mortgage</i>	\$	1,64	8.00 Copy	\$1,648.00
	affe	ou claim that the U.S. Trustee Program's division ects the calculation of your monthly expenses, fill plain why:	in any	additional amour		s inco	orrect and	\$ 0.00

Debtor 1	Angela Cove			Case number (if known)	1-17-43007	
11.	Local transportation exper	nses: Check the number of vehic	les for which you clair	n an ownership or op	perating expense.	
	☐ 0. Go to line 14.					
	☐ 1. Go to line 12.					
	\square 2 or more. Go to line 12.					
12.		: Using the IRS Local Standards e Operating Costs that apply for				\$
13.		e expense: Using the IRS Local nse if you do not make any loan				
Vel	hicle 1 Describe Vehicle	1:				
13a.	Ownership or leasing costs u	using IRS Local Standard		\$	0.00	
13b.	Average monthly payment for	or all debts secured by Vehicle 1.				
	Do not include costs for leas	ed vehicles.				
		nthly payment here and on line 1 n secured creditor in the 60 mont 50.		hat		
	Name of each creditor	r for Vehicle 1	Average monthly payment			
			\$			
	То	tal Average Monthly Payment	\$	Copy here => -\$	0.00 Repeat amoun line 33l	t on
13c.	Net Vehicle 1 ownership or I	ease expense			Copy net	
	•	3a. if this number is less than \$0	, enter \$0		0.00 Vehicle 1 expense i	nere \$0.00
Vel	hicle 2 Describe Vehicle	2:				
13d.		using IRS Local Standard		\$	0.00	
13e.	Average monthly payment for leased vehicles.	or all debts secured by Vehicle 2.	Do not include costs	for		
	Name of each creditor	for Vehicle 2	Average monthly payment			
			\$\$	_		
				Сору	Repeat thi	s
	То	tal average monthly payment	\$	here _ => -\$	0.00 amount on 33c.	
13f.	Net Vehicle 2 ownership or I	ease expense			Copy net Vehicle 2	
	Subtract line 13e from line 1	3d. if this number is less than \$0	, enter \$0		0.00 venicle 2 expense i	nere \$0.00
14.		nse: If you claimed 0 vehicles ense allowance regardless of v			s, fill in the	\$ 0.00
15.	Additional public transpor also deduct a public transpo	tation expense: If you claimed 1 rtation expense, you may fill in w	or more vehicles in line hat you believe is the	ne 11 and if you clair		\$ 0.00

Case number (*if known*) 1-17-43007

Oth	er Necessary Expenses In addition to the expense deduction the following IRS categories.	ns listed above, y	ou are allowed your monthly expenses	for	
16.	Taxes: The total monthly amount that you will actually pay for fe self-employment taxes, social security taxes, and Medicare taxe your pay for these taxes. However, if you expect to receive a tax and subtract that number from the total monthly amount that is a	es. You may inclu x refund, you mu	ude the monthly amount withheld from st divide the expected refund by 12		
	Do not include real estate, sales, or use taxes.			\$	0.00
17.	Involuntary deductions: The total monthly payroll deductions to contributions, union dues, and uniform costs.	that your job requ	uires, such as retirement		
	Do not include amounts that are not required by your job, such a	as voluntary 401	(k) contributions or payroll savings.	\$	0.00
18.	Life Insurance: The total monthly premiums that you pay for yo filing together, include payments that you make for your spouse Do not include premiums for life insurance on your dependents, of life insurance other than term.	e's term life insura	ance.	\$	0.00
19.	Court-ordered payments: The total monthly amount that you p administrative agency, such as spousal or child support paymer		y the order of a court or		
	Do not include payments on past due obligations for spousal or		ou will list these obligations in line 35.	\$	0.00
20.	Education: The total monthly amount that you pay for education	on that is either re	quired:		
	as a condition for your job, or				
	■ for your physically or mentally challenged dependent child if	no public educat	ion is available for similar services.	\$	0.00
21.	Childcare: The total monthly amount that you pay for childcare,	, such as babysit	ting, daycare, nursery, and preschool.		
	Do not include payments for any elementary or secondary scho	ool education.		\$	0.00
22.	Additional health care expenses, excluding insurance costs that is required for the health and welfare of you or your depend by a health savings account. Include only the amount that is mo	dents and that is a core than the total	not reimbursed by insurance or paid entered in line 7.	œ.	0.00
	Payments for health insurance or health savings accounts shou	•		\$	0.00
23.	Optional telephone and telephone services: The total monthle for you and your dependents, such as pagers, call waiting, calle phone service, to the extent necessary for your health and welfaincome, if it is not reimbursed by your employer.	er identification, s	pecial long distance, or business cell		
	Do not include payments for basic home telephone, internet and expenses, such as those reported on line 5 of Official Form 122			+\$	0.00
24.	Add all of the expenses allowed under the IRS expense allo Add lines 6 through 23.	owances.		\$	2,860.00
Add	litional Expense Deductions These are additional deduction Note: Do not include any expe				
25.	Health insurance, disability insurance, and health savings a insurance, disability insurance, and health savings accounts that	account expens	es. The monthly expenses for health	r	
	your dependents.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Health insurance \$	0.00			
	Disability insurance \$	0.00			
	Health savings account + \$	0.00			
	Total \$	0.00	Copy total here=>	\$	0.00
	Do you actually spend this total amount? No. How much do you actually spend?				
	No. How much do you actually spend?Yes \$				
26	Continued contributions to the care of household or family	members The	actual monthly expenses that you will		
20.	continue to pay for the reasonable and necessary care and supp	port of an elderly	, chronically ill, or disabled member of		
	your household or member of your immediate family who is una include contributions to an account of a qualified ABLE program			\$	0.00
27.	Protection against family violence. The reasonably necessary	y monthly expens	ses that you incur to maintain the		
	safety of you and your family under the Family Violence Preven By law, the court must keep the nature of these expenses confic		s Act or other federal laws that apply.	\$	0.00
	by law, the court must keep the nature of these expenses confic	u c riliai.		¥	

Angela Cove

Debtor 1

28	Angela Cove	Case numb	er (<i>if known</i>)	1-17	-4300		
20.	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance and	operating	expense	es on		
	If you believe that you have home energy of 8, then fill in the excess amount of home en	osts that are more than the home energy costs incl nergy costs	uded in ex	kpenses	on line		
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must show t	that the ac	dditional		\$	0.00
29.	Education expenses for dependent child \$160.42* per child) that you pay for your depublic elementary or secondary school.	Iren who are younger than 18. The monthly experpendent children who are younger than 18 years of	nses (not ld to atten	more tha	an ate or		
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain not already accounted for in lines 6-23.	n why the	amount			
	* Subject to adjustment on 4/01/19, and eve	ery 3 years after that for cases begun on or after the	e date of a	adjustme	nt.	\$	0.00
30.		he monthly amount by which your actual food and of allowances in the IRS National Standards. That ares in the IRS National Standards.					
		ional allowance, go online using the link specified in so be available at the bankruptcy clerk's office.	n the sepa	ırate			
	You must show that the additional amount of	claimed is reasonable and necessary.				\$	0.00
31.	Continuing charitable contributions. The instruments to a religious or charitable orga	amount that you will continue to contribute in the foinization. 11 U.S.C. § 548(d)(3) and (4).	orm of cas	sh or fina	ancial		
	Do not include any amount more than 15%	of your gross monthly income.				\$	0.00
32.	Add all of the additional expense deduct Add lines 25 through 31.	ions.				\$	0.00
Ded	uctions for Debt Payment						
	•	in property that you own, including home mortg	ianes vel	hicle			
		in property that you own, morauming nome more					
	oans, and other secured debt, fill in lines	33a through 33e.					
-		ent, add all amounts that are contractually due to e		ed			
-	Γο calculate the total average monthly paym	ent, add all amounts that are contractually due to e		ed			ge monthly
-	Fo calculate the total average monthly paym creditor in the 60 months after you file for ba Mortgages on your home	ent, add all amounts that are contractually due to en nkruptcy. Then divide by 60.	ach secur		=>	Average payme	nt
-	Fo calculate the total average monthly paym creditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here	ent, add all amounts that are contractually due to e	ach secur		=>	payme	
33a.	Fo calculate the total average monthly paym creditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles	ent, add all amounts that are contractually due to en nkruptcy. Then divide by 60.	ach secur			payme	0.00
33a. 33b.	Fo calculate the total average monthly paymoreditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here	ent, add all amounts that are contractually due to en nkruptcy. Then divide by 60.	ach secur		=>	payme	0.00 0.00
33a. 33b. 33c.	Fo calculate the total average monthly paymoreditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here	ent, add all amounts that are contractually due to en nkruptcy. Then divide by 60.	ach secur			payme	0.00
33a. 33b. 33c. 33d.	Fo calculate the total average monthly paymoreditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here	ent, add all amounts that are contractually due to en nkruptcy. Then divide by 60.	Do inc		=> => nent	payme	0.00 0.00
33a. 33b. 33c. 33d.	Fo calculate the total average monthly paymoreditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:	ent, add all amounts that are contractually due to enhance. Then divide by 60.	Do inc	es paym	=> => nent	payme	0.00
33a. 33b. 33c. 33d.	Fo calculate the total average monthly paymoreditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:	ent, add all amounts that are contractually due to enhance. Then divide by 60.	Do inc or i	es paym lude tax nsuranc No	=> ent es e?	\$ \$ \$	0.00 0.00
33a. 33b. 33c. 33d.	Fo calculate the total average monthly paymoreditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: The of each creditor for other secured debt	ent, add all amounts that are contractually due to enhance. Then divide by 60.	Do inc or i	es paym lude tax nsuranc No Yes	=> ent es e?	payme	0.00 0.00
33a. 33b. 33c. 33d.	Fo calculate the total average monthly paymoreditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: The of each creditor for other secured debt	ent, add all amounts that are contractually due to enhance. Then divide by 60.	Do inc or i	es paym lude tax nsuranc No	=> ent es e?	\$ \$ \$	0.00 0.00
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33a. 33b. 33c. 33d.	Fo calculate the total average monthly paymoreditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: The of each creditor for other secured debt	ent, add all amounts that are contractually due to enhance. Then divide by 60.	Do inc or i	es paym lude tax nsuranc No Yes No Yes	=> => eent es e?	\$ \$ \$ \$	0.00 0.00

Official Form 122C-2

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the <i>cure amount</i>). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly camount -NONE- \$	
State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the <i>cure amount</i>). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly c amount -NONE- Total \$ 0.00 Copy total here⇒ \$ 10.00 Total No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims So. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total	
Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the <i>cure amount</i>). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly camount -NONE-	
-NONE- Total \$	
Total \$ 0.00 Copy total here=> \$ \$ 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims \$ 0.00 ÷ 60 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ure
35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filling date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims \$ 0.00 ÷ 60 \$ 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.	
35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims. \$ 0.00 ÷ 60 \$ 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total	
are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ■ No. Go to line 36. □ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims \$ 0.00 ÷ 60 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00
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37. Add all of the deductions for debt payment. Add lines 33e through 36.	0.00
Total Deductions from Income	
38. Add all of the allowed deductions.	
Copy line 24, All of the expenses allowed under IRS expense allowances \$ 2,860.00	
Copy line 32, All of the additional expense deductions \$ 0.00	
Copy line 37, All of the deductions for debt payment +\$ 0.00	
Total deductions	2,860.00

Debtor 1 Ar	igela Cove				Case r	number (if known) 1	-17-43007	
Part 2:	Determine You	r Disposable Income Under 11 U.	S.C. § 132	5(b)(2)				
		ent monthly income from line 14 Current Monthly Income and Calc			d		\$	6,233.66
childre disabili receive	en. The monthlity payments for ed in accordance	ly necessary income you receive y average of any child support payr or a dependent child, reported in Par ce with applicable nonbankruptcy la ended for such child.	nents, foste rt I of Form	er care payments, or 122C-1, that you	r	\$	0.00	
employ in 11 U	er withheld fro	etirement deductions. The monthly m wages as contributions for qualifitive plus all required repayments of less \$362(b)(19).	ied retireme	ent plans, as specific		\$	0.00	
42. Total o	of all deduction	ns allowed under 11 U.S.C. § 707	(b)(2)(A) . C	Copy line 38 here	=>	\$ 2,860	0.00	
expens their ex	ses and you ha xpenses. You r	al circumstances. If special circum ve no reasonable alternative, descrunst give your case trustee a detailed occumentation for the expenses.	ibe the spe	cial circumstances	and			
Describe	the special cir	cumstances		Amount of ex	pen	se		
				\$				
				 \$				
				_				
			Γ					
			Total	\$		Copy here=>\$	0.00	
							Сору	
44. Total a	adjustments. /	Add lines 40 through 43.		=>	\$_	2,860.00	here=> - \$	2,860.00
	•	thly disposable income under § 1	325(b)(2). S	Subtract line 44 fron	n line	÷ 39.	\$	3,373.66
have c time yo you file	hanged or are our case will be ed your petition	r expenses. If the income in Form virtually certain to change after the open, fill in the information below. , check 122C-1 in the first column, on when the increase occurred, and	date you file For examplenter line 2	ed your bankruptcy e, if the wages repo in the second colun	petit petit orted nn, e	ion and during the increased after		
Form	Line	Reason for change		Date of chan	ge	Increase or decrease?	Amount of	change
☐ 122C-1 ☐ 122C-2 ☐ 122C-1 ☐ 122C-2 ☐ 122C-1 ☐ 122C-2 ☐ 122C-1 ☐ 122C-1 ☐ 122C-2						☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase ☐ Decrease ☐ Decrease	\$ \$ \$	

ebtor 1	Angela Cove		Case number (if known)	1-17-43007
Part 4:	Sign Below			
D	Ou aigning hare under panelty of parium, you declare		-1	Carabana and Cartonia and Carabana
ь	By signing here, under penalty of perjury you declare	that the information on this st	atement and in any att	tachments is true and correct.
		that the information on this st	atement and in any att	tachments is true and correct.
X _	/s/ Angela Cove	that the information on this st	atement and in any att	lacnments is true and correct.
X _	/s/ Angela Cove Angela Cove	that the information on this st	atement and in any att	acnments is true and correct.
X _	/s/ Angela Cove	that the information on this st	atement and in any att	acnments is true and correct.

Official Form 122C-2

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

Disclosure of Compensation for the above-disclosed compensation with any other person unless they are members and associates of my law firm. A copy of the agreed to share the above-disclosed fee, I have agreed to render legal services for the bankruptcy, or agreed to share the above-disclosed fee, I have agreed to render legal services of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy. Prior to the filing of this statement I have received \$ 3,000.00 Prior to the filing of this statement I have received \$ 3,000.00 Prior to the filing of this statement I have received \$ 3,000.00 Balance Due \$ 3,000.00 The source of the compensation paid to me was: Debtor Other (specify): The source of compensation to be paid to me is: Debtor Other (specify): The source of compensation to be paid to me is: Debtor Other (specify): The return for the above-disclosed compensation with any other person unless they are members and associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adoumed hearings thereof; Analysis of the debtor's financial situation, and rendering advice to the meeting of plan integrity preparation and filing of reaffirmation agreements and applications as needed; preparation and may adoumed hearings thereof; C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adoumed hearings thereof; A light of the debtor's financial situation, and	In	re Angela Cove			Case No.	1-17-43007
1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b). I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in connection with the bankruptcy case is as follows: For legal services, I have agreed to accept \$ 3,000.00 Prior to the filing of this statement I have received \$ 3,000.00 Balance Due \$ 3,000.00 The source of the compensation paid to me was: Debtor Other (specify): The source of compensation to be paid to me is: The source of compensation to be paid to me is: The source of compensation to be paid to me is: The source of compensation to be paid to me is: The source of compensation to the paid to me is: The source of compensation to the paid to me is: The return of the above-disclosed compensation with any other person unless they are members and associates of my law firm the above-disclosed fee, I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; (a) [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of real-firmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for av				Debtor(s)	Chapter	13
compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in connection with the bankruptcy case is as follows: For legal services, I have agreed to accept		DIS	CLOSURE OF CO	OMPENSATION OF ATTOR	NEY FOR DE	BTOR(S)
Prior to the filling of this statement I have received Balance Due	1.	compensation paid to	o me within one year before	e the filing of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to
Balance Due S 0.00 2. The source of the compensation paid to me was: Debtor Other (specify): 3. The source of compensation to be paid to me is: Debtor Other (specify): 4. Debtor Other (specify): 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm that have not agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions o any other adversary proceeding. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. CERTIFICATION Rashmi Attri 4828703 Signature of Attorney E Waters and Associates PC. 89-36 Sutphin Blvd 3 Floor Jamaica, NY 11435 201-616-4300 Fax: 914-517-2712 info@@wasterslaw.com		For legal servic	es, I have agreed to accept		\$	3,000.00
2. The source of the compensation paid to me was: ■ Debtor □ Other (specify): 3. The source of compensation to be paid to me is: ■ Debtor □ Other (specify): 4. ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(A) for avoidance of liens on household goods. By agreement with the debtor(s), the above-disclosed fee dehold goods. CERTIFICATION 1 Certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. CERTIFICATION 1 Certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in flash bankruptcy proceeding. CERTIFICATION 1 Certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. CERTIFICATION 1 Certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. 2 June		Prior to the filin	ng of this statement I have n	received	\$	3,000.00
■ Debtor □ Other (specify): 3. The source of compensation to be paid to me is: ■ Debtor □ Other (specify): 4. ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm □ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at meeting of reditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC \$22(f)(2)(A) for avoidance of liens on household goods. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions o any other adversary proceeding. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. PS/Rashmi Attri Rashmi Attri		Balance Due			\$	0.00
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□ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions o any other adversary proceeding. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. June 22, 2017		■ Debtor	☐ Other (specify):			
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a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions o any other adversary proceeding. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. June 22, 2017 Date S Rashmi Attri						
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I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. June 22, 2017	6.	Represen	tation of the debtors in	n any dischargeability actions, judic	service: sial lien avoidance	es, relief from stay actions or
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Rashmi Attri 4828703 Signature of Attorney E Waters and Associates PC. 89-36 Sutphin Blvd 3 Floor Jamaica, NY 11435 201-616-4300 Fax: 914-517-2712 info@ewaterslaw.com	this			nent of any agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in
Rashmi Attri 4828703 Signature of Attorney E Waters and Associates PC. 89-36 Sutphin Blvd 3 Floor Jamaica, NY 11435 201-616-4300 Fax: 914-517-2712 info@ewaterslaw.com		June 22, 2017		/s/ Rashmi Attri		
E Waters and Associates PC. 89-36 Sutphin Blvd 3 Floor Jamaica, NY 11435 201-616-4300 Fax: 914-517-2712 info@ewaterslaw.com	_	Date				
89-36 Sutphin Blvd 3 Floor Jamaica, NY 11435 201-616-4300 Fax: 914-517-2712 info@ewaterslaw.com				0 ,		
Jamaica, NY 11435 201-616-4300 Fax: 914-517-2712 info@ewaterslaw.com						
201-616-4300 Fax: 914-517-2712 info@ewaterslaw.com					_	
info@ewaterslaw.com						
Name of law firm						
				Name of law firm		

United States Bankruptcy Court Eastern District of New York

In re	Angela Cove		Case No.	1-17-43007	
		Debtor(s)	Chapter	13	

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

E Waters and Associates PC. 89-36 Sutphin Blvd 3 Floor Jamaica, NY 11435 201-616-4300 Fax: 914-517-2712

USBC-44 Rev. 9/17/98

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

CASE NO.: 1-17-43007

Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (or any other petitioner) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief:
[NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).]
■ NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME.
☐ THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING:
1. CASE NO.: JUDGE: DISTRICT/DIVISION:
CASE STILL PENDING (Y/N): [If closed] Date of closing:
CURRENT STATUS OF RELATED CASE: (Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE:
2. CASE NO.: JUDGE: DISTRICT/DIVISION:
CASE STILL PENDING (Y/N): [If closed] Date of closing:
CURRENT STATUS OF RELATED CASE:(Discharged/awaiting discharge, confirmed, dismissed, etc.)
(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE:
3. CASE NO.: JUDGE: DISTRICT/DIVISION:
CASE STILL PENDING (Y/N): [If closed] Date of closing:

 $\label{eq:DEBTOR} \textbf{DEBTOR}(S) \text{:} \quad \text{Angela Cove}$

DISCLOSURE OF RELATED CASES (cont'd)	
CURRENT STATUS OF RELATED CASE:	(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refe	r to NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDUI SCHEDULE "A" OF RELATED CASE:	LE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
	als who have had prior cases dismissed within the preceding 180 days may not juired to file a statement in support of his/her eligibility to file.
TO BE COMPLETED BY DEBTOR/PETITIONER'S A	ATTORNEY, AS APPLICABLE:
I am admitted to practice in the Eastern District of New	York (Y/N): Y
I certify under penalty of perjury that the within bankrup as indicated elsewhere on this form. /s/ Rashmi Attri	ptcy case is not related to any case now pending or pending at any time, except
Rashmi Attri 4828703 Signature of Debtor's Attorney E Waters and Associates PC. 89-36 Sutphin Blvd	Signature of Pro Se Debtor/Petitioner
3 Floor Jamaica, NY 11435 201-616-4300 Fax:914-517-2712	Signature of Pro Se Joint Debtor/Petitioner
	Mailing Address of Debtor/Petitioner
	City, State, Zip Code
	Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

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